

Online Banking Walk-in Application

Customer Information

Name: _____

Tax ID/S.S.#: _____ Birth Date: _____

Access ID: (Case sensitive and must be alphanumeric)

1st Choice _____

2nd Choice _____

Contact Information

Street _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone

Day #: _____ Evening #: _____

Fax #: _____ Email: _____

Referred By: _____

Security Information

Mark one of the following verification questions.

- | | |
|---|--|
| <input type="checkbox"/> What was the make and model of your first car? | <input type="checkbox"/> What was your grandfather's occupation? |
| <input type="checkbox"/> What was the first name of your childhood best friend? | <input type="checkbox"/> What was the name of your first boss? |
| <input type="checkbox"/> What was the last name of the best man at your wedding? | <input type="checkbox"/> What was the name of the street you grew up on? |
| <input type="checkbox"/> What was the last name of the maid of honor at your wedding? | <input type="checkbox"/> Where did you meet your spouse? |
| <input type="checkbox"/> What was the name of your first boyfriend/girlfriend? | <input type="checkbox"/> Where did you go on your honeymoon? |

Verification Answer: _____

Account Information

Account Number _____ Account Type _____ BillPay? _____

Paper Statements

Yes _____ No _____

I have read and agreed to the terms outlined in the Internet Banking Disclosure provided to me by
Williamsville State Bank & Trust.

Signature _____

Date _____

You will receive a temporary password via email and will be prompted to change it upon login.

***If your online account is dormant for two months or more it will be deleted and there will
be a \$4.50 fee to get online banking again.**

For Internal Use Only:

Method for verifying customer: _____

Verified By: _____